



ACKNOWLEDGEMENT OF DRIVER'S LICENSE REQUIREMENTS

I, _____, an employee of
Print Name

_____ Agency (institution if applicable) and
Agency (Institution, if applicable)

required to operate a motor vehicle as part of my job, hereby certify that I have been informed of the following requirements of the law governing the operation of motor vehicles.

- ▶ Operation of a motor vehicle in the course of performing my job is prohibited unless I have a current valid driver's license required for the type of vehicle operated.
- ▶ If my job requires a Commercial Driver's License, I agree to notify my employer of motor vehicle convictions (other than parking violations) within 30 calendar days following conviction on a form provided by my employer.

For purposes of this notification, conviction shall mean any violation or failure to comply with a law for which a court issues a judgment of guilty as well as a person's plea of guilty or payment of a fine or court costs by the signing and delivery to the court (by mail or otherwise) of a citation.

- ▶ If my job requires a driver's license of any kind, I agree to notify my employer before the end of the business day following the day I receive notice of suspension, revocation, cancellation of my driver's license, or the loss of the privilege to operate a motor vehicle for any other reason, on a form provided by my employer.

Social Security Number

Current Home Address

Street City, State, Zip Code

Signature

Date

This form will be maintained as part of your official employee file for the duration of your employment with the State of Iowa.